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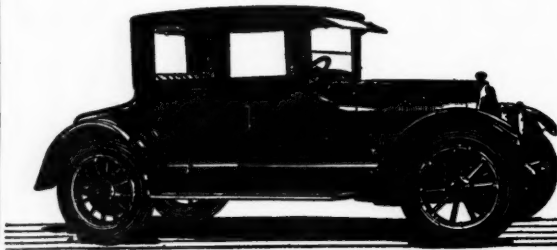
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ORIGINAL ARTICLES

THE LIGHT FROM UNDER THE BUSHEL.*

By CREIGHTON W. SKELTON, M. D.,
Providence, R. I.

My inspiration for a title to this paper was conveyed to me by a paper read before this Society by Dr. William McDonald, Jr., whose subject was "The Light Under the Bushel." I recall the fact that he advocated to the members of this Society to take "your lights from under the bushel." I have done so in the hope that you may see the light as I have seen it.

This paper is pregnant with vital interest to every fellow of this Society. In my conversation with members, I find that others have had the same experience that the first part of this paper deals with. I hope it will provoke a thorough discussion.

Time exhibits some curious traits which are well worth observing. Tycho Brahe, an astronomer of the fourteenth century, saw in the constellation of Cassiopeia, a star break into such sudden splendor that its brilliancy was seen in the noon-day, and, like the astronomer of old, we have with us now, the industrial nurse whose light so shines that its brilliancy is seen also in the noon-day, but this light must be replaced under the bushel where it rightly belongs, there to repose permanently.

For nearly seven years I was in charge of the surgical work at the Gorham Manufacturing Company's plant, whose insurance is carried by the Traveler's Insurance Co. through Starkweather and Shepley. I was not on contract work, charging regular fees, and made daily visits to the plant until about one year ago when I omitted Tuesdays and Thursdays. The reasons thereof you will

see later. Having studied law for some time, I handled all the compensation cases and became thoroughly familiar with the Working Men's Compensation Act. I had a stenographer and a first aid man, and continued along these lines until February 8, 1919, when my first aid man was supplanted by an R. I. H. graduate nurse. She had done some nursing in the family of the adjuster for the Traveler's, and also in the family of one of the vice-presidents of the company. She was given full charge, taking over all compensation cases. After she had been on the job for several months, I found that the work did not require my daily visits to the plant, and that the number of cases coming under my observation were growing smaller each week. I then decided to do some detective work to ascertain the cause thereof. I kept an accurate card index of the cases I treated, and it was not long before I discovered that the nurse was holding her own clinics early in the morning before the stenographer or myself arrived. I found that she had treated in forty days twenty-two cases and from two to twelve dressings in each case. *These cases were never reported to the insurance company or to the Gorham Company.* It was not long before her wages were raised, and the company sent her a letter commending her on the low number of accidents they were having since she had taken up the safety work. As a matter of fact, our accidents had increased. It was a common thing for me to have four or five stitching jobs a week, but during my last four months of service I saw but one case.

I promptly brought this matter to the attention of the work's manager, who consulted the insurance company about it, with the result that I received a notice from the work's manager that another doctor would take up my work the next day. This notice was given to the nurse to hand to me. Her guilty conscience prevented her doing so. She placed it on my desk

* Read before the Rhode Island Medical Society, March 3, 1921.

and went home for the day. I told my stenographer to open it as I knew its contents. I took the whole matter up at once with the Secretary of the State Board of Health who called Colonel Webb in consultation. Two months after, an inspector from the board interviewed me. I furnished him with a list of names and addresses, and the number of treatments in each case. In a few days he returned and made the following statement to me: "Doctor, that nurse is a bad one and we will make an example of her." I have been told that the nurse, the work's manager and the doctor, were up before the Secretary of the board, that the nurse was told her duties, and that ended the incident. She is still on the job. Accidents that numbered from thirty to forty a few months ago, have jumped to over seventy in her January report of this year. She is reporting all accidents now, as she did following my first complaint against it, but it was not long before they became subnormal again.

Last year the State Board sent out a letter to all nurses in factories telling them their duties. The day following the receipt of this letter instead of my treating from four to five cases, I treated twelve and they ran over ten daily for the next week. A letter was immediately sent to her from one of the vice-presidents, asking her to account for the great increase in accidents. This letter floored her, but after consulting the work's manager she was able to answer it.

Let me *cite* just one cunning trick of this artful nurse. One Friday afternoon a man walked into the First Aid Department, and asked to have a clean bandage put on his arm. I dressed him but asked him no questions, but instructed him to return the next morning at eleven o'clock. After dressing all the cases that were on the cards for the next morning, the nurse informed me that all had been in, and that I was at liberty to go. I drew her attention to the man with the second degree burn that I had bandaged the day before. She promptly informed me that he had left the factory for good. I immediately sent into the factory for him. He informed me that the nurse came out for him at 7 a. m. and dressed him in the First Aid Department. This she had been doing for over a week. The next ten days following I dressed him at my office on

Broad Street. I could talk to you for an hour on this nurse and her work, but time will not permit.

Conditions at the Gorham Plant are interesting. There are two societies employing two doctors. If an accident happens to a member, and he goes to the society doctor for treatment, the doctor makes out a bill when through with the case. This is sent to the insurance company, and in time a check is returned made payable to the doctor. He endorses this check and leaves it in the First Aid Department. It is then sent to the treasurer of the company, who deposits it. The company requires this, claiming that the doctor receives his pay in the \$2.00 per capita from the members of the society.

MORE LIGHT. Mr. C. W., age 32, married, came to my office a few months ago with an infection of the index finger of the right hand. He is employed at the New England Butt Company on Pearl Street, whose insurance is carried by the Manufacturer's Liability Insurance Company of New Jersey. After questioning him at some length, I found that his injury was of five days duration, that he had been treated by the nurse at the Manufacturer's Liability Hospital on Custom House Street, and that she had opened the wound twice and dressed him four times without a doctor seeing him. On his last visit she instructed him to return at ten the next morning, so that the doctor could see it. He reported that night at my office. I promptly made a free incision, sent him home for some soaks, and he made a complete recovery in a week. Here was a case where the nurse thought the infection was getting the better of her, and instructed him to return at a given time, so that the doctor could take charge of the case.

MORE LIGHT. Mr. A. L. P., age 49, married, employed at the Universal Winding Company, came to my office a few months ago with an ulcer of the right cornea and with the following history. In the course of his employment he was struck in the right eye with a hot chip which produced a burn. He went to the First Aid Department for treatment and the nurse in charge treated him for three weeks when he became discouraged and came to my office. I promptly sent him to an Eye man, who treated him for three weeks longer, when he

was able to return to work. A few weeks later he again came to me with a conjunctivitis, after the same nurse had treated him four times. I sent him to an Eye man with the history of the case, in the hope that I might see an article in the Medical Journal on it, but my hopes were blasted.

MORE LIGHT that is interesting. Mr. J. F. S., age 36, married, employed at the American Hand Laundry as a washer. The second finger of his left hand was caught between cog wheels and badly crushed. I saw him seven days after the injury. After questioning him closely I found that his employer sent him to a woman three doors below the laundry on the opposite side of the street who washed the finger and put some ointment on it, and she treated him daily until I saw him. He stated that she was not a trained nurse, but had done nursing. I requested that he allow me to report it to the State Board of Health. This he refused, saying that he would lose his job, and he paid me for my treatment. This case I followed up, and found that she had treated him four days longer.

In the home city of the Secretary of the State Board of Health, there is a factory that requires a nurse to handle all cases to recovery. No doctor should be called unless for serious injuries, and no doctor is in attendance, (The Traveler's Insurance Company carry this insurance.)

I have given you the history of these few cases, because they stand out so conspicuously. I could give you many similar ones, for I have the records of them at my office. However, this suffices for all intent and purposes. One can readily see how rapidly the industrial nurse is supplanting the doctor. Why this is so, it is an easy matter to understand. It means less medical expense, which in turn means a lesser premium on insurance, less work at the plant, and less work at the insurance office, for these cases that the nurse treats are not reported. This is the condition of affairs in Rhode Island factories. Why is this permitted? I will answer that question with the following quotations from two daily papers. When Wilson was running for the Presidency, the Los Angeles Times came out with the following announcement: "Luther Burbank is out for Wilson." The New York Herald, picking it up editorially, asked, "Isn't

the Author of the Spineless Cactus?" Let us hope that the health authorities will not simulate a Luther Burbank, and that this evil will be corrected.

This old State of Rhode Island should pull away from its antiquated form of government. What we need is a Commissioner of Health to supplant the State Board. He should have one or two Deputies with spines worthy of their owners. We should have a Board of Medical Examiners. They should be appointed by the Governor upon approval by this Society. So much for the industrial nurse and the State Board of Health.

Now to bring out some of the lights that are hidden under the bushel. This cannot be done by the use of the Green Cross. It is a meaningless emblem. Horse doctors and osteopaths, homeopaths and chiropraths use it ad libitum. I would urge that you supplant it with the caduceus, the real emblem of the American Medical Association. I have never used the Green Cross, the Red Cross, the Black Cross, or the Iron Cross, but like most of you, I have been double crossed.

What this old Medical Society needs is a few more men who are not afraid to relieve their minds when the occasion requires, who are fearless in the cause of right; and we have such, who have been the means of creating some life in the meetings of this Society during the past few years. We need more of that old sterling, unswerving, moral principle, and the independence to stand back of it. We should cultivate that friendship, which not only flourishes in the sunlight of prosperity, but is most devoted amid the darkest clouds of adversity. We should put away those little petty jealousies that mar and dwarf our happiness, that "stingeth like an adder."

Only recently, during a discussion on radium, at a Providence Medical Association meeting, a speaker referred to a surgeon's use of radium in an unkindly way. It would have been far better had it been left unsaid. It leaves a bad taste. One of the most difficult problems that has confronted the Presidents of this Society is to secure local talent to present papers before it. This difficulty has existed for years. It should not be so. We have some brilliant talent and splendid geniuses in the membership of this

Society and their lights should be brought from under the bushel.

One of the best meetings of this Society in recent years, was held last September at Butler Hospital. The discussions that followed the reading of Dr. C. O. Cooke's paper was well worth the effort to be present. It made me feel as if I were at an Academy of Medicine meeting, or a New York State meeting, where it is a common sight to see half a dozen men on their feet at once following the reading of a paper. Such meetings should continue. We have as good men in medicine and surgery in this little state, as in any state of the union. All we need is some mighty wand to swing its powers over their heads, to have them bring their lights forward. Woonsocket, Pawtucket and Newport should furnish us with a paper now and then. In Providence, men who are on the staff of large hospitals have the opportunity of observing unusual cases. They should collect them and present them to this Society so that their less fortunate brothers in distant parts of the state may learn something new. Surely we all are athirst for knowledge and are anxious to see some lights brought forward. So in reverie at the fire-place I have planned to relieve the anxiety of the incoming Presidents for the next few years.

Let us have a paper on the Management of Diabetes and Nephritis by men like Mathews, Henry Cooke, Fulton, Gray, and others. A paper on the Modern Treatment of Genito-Urinary Diseases by Kerney or Corrigan. One on Diseases of the Lungs by Perkins. A paper on some don'ts in the Management of Pelvic Conditions in Women by Higgins, Brackett, or Pitts. Some don'ts in the Management of Acute or Subacute Surgical Abdomens by Keefe, Smith, Munro, McGuirk, Jones, Gardner, Hollingworth, O'Connell, Cooke, Hoye, Matteson, McKenna, Cutts, Beckett, and many others.

A paper on Internal Medicine by DeWolf, Fulton, Gray, Mathews. One on Blood Pressure by local medical examiners like Welsh, White, Lovewell, and I am sure there are others.

Someone has paraphrased the old biblical saying, "Man that is born of woman is of few days and full of microbes." Then a paper by Sawyer would be well worth the effort. The Laboratory by Rounds would be instructive. It might

be timely to have some criticisms of the profession as a whole by Chapin. He can do it, and I think we need it. Have Peckham, Danforth or Hammond tell us what not to do in fractures. Let us have a paper by Utter, Calder or Jordan. The general man is interested in knowing how to feed the babies. Tell us why modified milk is not always first choice over Mellin's Food, Horlick's Malted Milk, Nestle's Food, or Park Brew.

Let the eye men not lose sight of the fact that the general man is interested in the treatment of conjunctivitis and iritis. Give us the status of argyrol over AgNO_3 and why H_3BO_3 is useless. Also tell us, why it is, that so many people go to the opticians, even to Woolworth's, for examination and glasses. Fitzgerald should come before us and tell us why our sphincter ani gets out of "kilter," and how to make it functionate properly. Carver, Partridge or the g-y-n men should give us some points on the management of a face or a breech presentation. Donley, Shattuck, McDonald, or Sanborn, should give us a paper on "At What Age We Should Begin to Avoid Senile Dementia." A paper on the Early Differential Diagnosis of Eruptive Diseases by Richardson would be appreciated. Cummings should tell us how to feed a Diabetic, a "Bright's," an arthritis deformans, or the diet in obesity would be interesting. Mayhap a paper by the Corner Stone of the Society would not be amiss. Now that suffrage is here she should talk, or has she become hardened by affinity with Hardman.

Let the x-ray men show their light, and let not the Otologist forget that the general man is as much interested in otitis media as he himself is. As a diversion a paper by Garvin on Single Tax would be entertaining. You could play safe by limiting him to thirty-five minutes. Griffin should give us a paper on his experiences as Police Surgeon, Medical Examiner, or on expert testimony, or a paper on his experiences as dispensing officer to the Knights of the Hollow Needle, would be mighty interesting. A paper by Harrington on some unusual cases that have come under his observation at the State Institutions would be interesting. If this subject should not be to his liking, then he might tell us of his troubles. Go after Blumer for a paper on his experiences at Utica. Have him tell you

about the different employments that the patients were given there, in the various shops at the State Hospital. He can do it, for I have been there and I know. It would be interesting.

Let us have a symposium now and then, by four or five members, of ten or fifteen minutes each, on such subjects as pneumonia; chronic arthritis; dermatology; neurology; G-U. diseases; nephritis; and diabetes; and don't lose sight of the fact, that one on auto-intoxication may prove mighty interesting, and that syphilis would run a close second. Let us have a good Medico-Legal paper by some shining light of the bar. A good Dental paper as related to medicine, or have the D. D. S., tell us when not to recommend the extraction of good teeth, this should open a good discussion. A criticism by a first class Pharmacist might bring out some lights that I have overlooked.

Those who win the spurs should wear them, and some of our Past Presidents are too conspicuous by their absence.

I am glad that Geo. W. Gardner of Union Trust fame is going to talk to you on the economic conditions of the day. I hope that he will dwell a minute on stocks. We are so frequently visited by the silver tongued young orator, with a roll top desk in the Turks Head Bldg., and a hole out in Arizona, that it may be timely and do us some good. I have seen, within the last few years, enough stock in four doctors offices, that is so valuable, in-so-much, as it would paper every room in the Old Ladies' Home.

This stock was of the Blue Bird variety, but after it warbled a few notes from the doctors, it never even hummed except in a night mare.

In closing, I want to urge you all to be ever on your guard, let nothing swerve you from the line of duty, keep your eyes on the legislative enactments at the State House, if you do not, some insurance company through some shining light of the bar, will slip one over on you. Watch the Workingmen's Compensation Act, and every other act, that effects you as a whole. I urge you again, to be ever on your guard, for I see the hand writing on the wall, just as clearly as Hamlet told Horatio, he could see his father with his minds eye.

Such a program as I have outlined to you for the next few years, should bring out our rural

membership to a man, and I am sure it would be more than appreciated by every fellow of this society. It can be done. Bring your lights from under the bushel, and let them so shine before others, that their brilliancy may be seen even in the noon-day.

SOME IMPORTANT FRACTURES FREQUENTLY OVERLOOKED.*

By JACOB D. KELLEY, M. D.,
Providence, R. I.

It is the custom and has been for many centuries when violence has occurred, to consider the possibility of fracture of any of the bones in or about the part which suffered the violence. On the other hand we are too ready to dismiss the possibility of fracture, if certain cardinal signs do not present, often forgetting that when gross displacement and damage has not happened, cardinal signs are slow in developing. Too often does the profession coddle itself into believing that the finger and the touch can sense the difficulties and often the fear of loss of the case from either the Roentgenologist taking charge, or the asking of the patient to spend money for better knowledge and so better treatment, may delay their own pecuniary payment. Are we not often too selfish for the patient's good? Let me say here: I know that patients who received the best care, get excellent results, are thankful and appreciative and the best advertisement to the medical man who cares for them. The information gained by X-ray study gives an almost positive knowledge of the bony structure of the body and for that reason alone, if no other, should be earnestly sought. Altho other making of the X-ray picture, the roentgenogram, is not difficult, the interpretation of them is quite another matter, requiring a special training, a good knowledge of anatomy, the knowledge of the normal as against the abnormal and question of balance, angulation and a fertile imagination, in other words X-ray experience. What I have to show you this afternoon is what in an experience a Roentgenologist has to do in assisting moral courage to stand by conviction of judgment believing either there is, or there is not a fracture and open-mindedly being ready to be convinced.

*Read before the R. I. Medico-Legal Society, January 27, 1921.

There are some fractures so common as to be passed by; and just how awkward it is, two or three weeks later, to be forced to obtain "further information," at a time when such knowledge is often worthless. It is in all fairness of purpose and desire to assist and not to criticise that apparent short-comings of judgment are presented, and with a fixed hope to increase our courage as medical men so as to avoid pitfalls and opportunities for stigma of carelessness and negligence. Let me say right here, I feel keenly on this point; given a case, which has suffered from violence, with or without an apparent bone fracture; the medical man who will not and does not better his knowledge of the exact condition surely borders dangerously near criminal negligence; a consultation is always advisable and an X-ray picture is a powerful consultation for knowledge and best treatment.

X-RAY DEMONSTRATION FOLLOWED.

(Many interesting plates were thrown upon the screen and very lucidly described, among which were:—A-9, fracture of one bone of leg, caused by a bale having been rolled against opposite side. A-11, fracture of the bone in one toe and the dislocation of a joint. A-13, a fracture of a finger in which there was considerable difficulty in reducing. A-20, fracture of the posterior process of the astragalus. A-26, a difficult fracture of the "big" toe; not easy to detect. A-34, fracture of the epiphysis of the os calcis from a kick on the heel. A-40 and 43, a Colles with no excuse for non-discovery, showing beautifully the deformity and correction. A-155, the tearing away of the epiphysis of the radius, the result of a fall from a bicycle. B-108, an unrecognized dislocation of the shoulder.

While several other pictures were shown, many were of such a nature as to be somewhat elusive of description in type. The exposition was interestingly followed.—Ed.)

ETHER AND LAVENDER

AND THE STORY GOES.

That the Smart Man of the community had "been called to his fathers." And reaching the Pearly Gates was greeted by St. Peter, who inquired if he was the Smart Man well known to fame.

"I am," replied the unabashed applicant.

St. Peter eyed him; "Go and look over a few million of the male shades yonder, and tell Adam that I want him."

And the Smart Man went; only to return in ten minutes with Adam. This rapid work was a surprise, but he was due for another trial.

"Go," said St. Peter, "and look over several million female shades that you will find in the next county, and send Eve, also."

And the Smart Man went. He was back in a few minutes with Eve. The Keeper of the Keys was astounded.

"How did you do it?" he gasped.

"The easiest thing I ever had to do," flippantly replied the Smart Man. "They were the only two in the whole bunch that hadn't an umbilicus."

MISSING WORD CONTEST.

Fill in Missing Words and Explain Process of Collection.

"I cannot come to treat your wife, Mr. Slowlie, you have showed no disposition to pay your long standing account, and I know that you can afford to pay; I am unwilling to extend further credit."

"I'll pay you, Doc., kill or cure, I'll pay you. My wife is awful sick, and I wish ye'd come."

The doctor went. The case was typhoid and the patient died. The bill for treatment was sent; repeatedly sent. Finally the man was called upon personally.

"Doc.," said the man, "I told you that I'd pay you, kill or cure, didn't I?"

"Yes, you did."

"You didn't cure her, did you?"

"No-o." "Well — — — —?"

BASED UPON PRECEDENT.

An old man sat on the cottage doorstep, meditatively smoking a cob pipe. A neighbor passed.

"How old are you now, uncle?" he asked.

"Wal," quavered the old man, "I'd be a hundred day afore yesterday."

"I congratulate you," said the other, "and hope that you may live another hundred."

"Wal, maybe, maybe," was the answer, as he considered the plausibility of the wish, "anyway, I be stronger now than when I started the first hundred."

"I hear 'Rastus, that that cross-eyed colored man that used to board with you is about to be operated upon to cure his trouble."

"Mebbe he is, an' mebbe he ain't," replied 'Rastus," but he don't eat in mah house again, till he is cured,—why dat man is so cross-eyed dat he don't know whether he is a eatin' outer mah plate or his'n."

HEALTH NOTE.

It is bad luck to break one's leg on Friday.

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THOMAS F. BAXTER	<i>Secretary</i>	Woonsocket

R. I. Ophthalmological and Otolological Society—2d Thursday—October, December, February, April and Annual at call of President
Dr. A. A. Fisher, President; Dr. J. L. Dowling, Secretary-Treasurer.

EDITORIALS

ALCOHOL.

Thro the daily press comes the information that Ralph W. Stone, Prohibition Director of the district of Chicago, has refused the supply of alcohol to the manufacturers of five of our patent "medicines" and threatened several others with the same fate.

It is very obvious that he intends to discourage the distribution and consumption of these products that have an over-supply of alcoholic content.

Whether or not he is in sympathy with the

law that invites this left-handed evasion, is beside the question; but it is most evident that, within his jurisdiction, he does not intend that his authority shall be flouted, or that "medicine" shall become a substitute for whiskey.

It is pretty generally recognized that all over the country the medical profession is grappling with the result of the "Volstead Act." Tabulated returns of fatal results of drinking concoctions containing methyl alcohol or other deleterious substances, however, are not at this time available.

Since the enactment of the prohibition law

the hospitals in this city and all others have not been void of patients suffering from drinking questionable liquors of whatever nature that has the capacity of a "kick." Even "Home brew" has taken its toll of those who indulge in its unfamiliar manufacture and we are often dealing with disordered digestion, "sour" stomach and kindred disturbances incidental to imperfect fermentation and crude or erroneous manipulation of seemingly harmless ingredients; all of which is bad enough and, in a way, may explain the patent medicine situation, but does not excuse it.

It is further our belief that the medical profession as a whole, does not frown upon the use (?) of alcoholic liquors taken in moderation, even as a beverage; certainly alcohol in some form is a most potent weapon in certain pathological conditions; and we might say, in passing, physicians should be entrusted to exercise their judgment as to what these conditions are and not be too stringently restricted in their prerogative in administration or by too much red-tape in regard to availability.

But to deal out alcohol of dubious quality or quantity in the guise of medicine to innocent tho misguided people who mistake the continued stimulation of constant "medication," to improved physical fitness, until the machinery of life wears out, or even to the initiated who take a bigger gulp, not so often but with a satisfied wink, is little short of a crime and is parallel to any other adulteration (only worst than most) and should be unqualifiedly condemned.

Whether we are in favor of the Volstead Act as a law is now of small consequence.

It is *law* and if we hold to our traditional institutions of law and order and to the organized authority of the country, it is our business to obey; attempted evasions are not only demoralizing and dangerous, but exemplifies the same reprehensible principles that make thugs and burglars.

If the law is repugnant, change it if it can be done, but the man that offends the law speedily finds himself a social as well as a legal outcast, with scant hope of mercy from the court, home respect moribund and even careless friends hard to find.

We congratulate Mr. Stone.

LIGHT IN DARK PLACES.

The development of bypaths divergent from the main course of medical progress and each emphasizing and attempting to develop some one idea has probably always been a factor in human life since the days of Hippocrates. These at present are represented by the various "irregular" cults and systems of healing. Many of them, of course, are frank quackery and as such have but little hold on the intelligent public; and these perhaps do not deserve careful study. Others, however, represent more or less honest attempts to study certain phases of medicine and while there is probably but little truth in the basic assumptions which distinguish them as separate "schools," they really train their practitioners to a limited degree and make a definite appeal to a rather large proportion of the public. With the underlying conceptions on which the various "pathies" are founded and more especially with the methods of treatment advocated the practitioner of medicine should be able to familiarize himself.

It is hard to overestimate the value of the careful investigation of quacks and nostrums that is constantly being carried on by the American Medical Association. Were it possible, in the same way, to obtain careful critical studies of the main cults of healing which are supported by a credulous public, the advantage to the profession and indeed to the public would be great. How often, for example, does the practitioner wish that, rather than condemning the work of the osteopath, in general terms because he can easily determine that it is grossly unscientific, he could base his opinion on an accurate knowledge of just what the osteopath believes, how he is trained and what methods he applies. Would it not be possible for a thoroughly unprejudiced and dispassionate investigation to be carried out, which would aim merely to establish facts and to place at the disposal of the general practitioner authoritative information regarding those whose activities often do so much to hinder his efforts in behalf of the public?

OF MEDICAL EXAMINERS.

This is one needed reform in the State of Rhode Island which has received little or no attention and which is of great importance. It concerns the duties and powers of Medical

Examiners and the law under which they operate.

The essential duty of a Medical Examiner is to obtain the cause of sudden death and of all deaths whether sudden or not, which may be due to accident, homicide, suicide, or occurring under suspicious circumstances. The diagnosis should be accurate and this can be arrived in only one way, namely by knowing the medical history of the injury and disease, which should always be confirmed by autopsy if necessary.

A man falls on the street and dies suddenly. The Medical Examiner is called and pronounces death due to "natural causes." This is no diagnosis. The man might have poisoned himself for all the examiner knows either with intent to kill, or by accident through food or drink. A private physician may call the Medical Examiner to the body of a person dead of some disease, a diagnosis of which the physician could not arrive at. The usual outcome is that the examiner signs the death return as due to natural causes or puts down a diagnosis of which he is not sure. Now it might so happen that the person died of bubonic plague. It is obviously just as important to recognize such a disease as to make a diagnosis in the case of homicide.

Under present conditions the Medical Examiner is not allowed to perform an autopsy without the approval of the Attorney General and this official will not grant it unless the examiner on the spur of the moment perhaps, after little opportunity to investigate the circumstances of the death can present strong evidence of foul play. This is surely wrong. Since the onus of making a diagnosis rests upon the Medical Examiner, he should be the one to decide whether an autopsy is needed or not. As a matter of fact an autopsy should always be done whenever there is the least cause of doubt as to the cause of any such death.

Apparently the State Government is afraid of the expense. This attitude is wrong. That the expense be not too great, the State Pathologist should be called upon to do all autopsies. He should be a physician who has had special training in pathology and medico-legal procedure. The ordinary Medical Examiner is not qualified to perform an autopsy as it should be done.

All evidence presented before a court relating to the cause of death in any criminal case should

be true and exact and the diagnosis submitted in writing. This is justice to the state and the defendant. A keen attorney for the defence might be able to show the diagnosis to be either wrong or doubtful.

It not uncommonly happens that bodies are disinterred to find evidence of foul play. This should never be necessary.

Many states of the Union have good laws establishing modern medico-legal systems, and why can't Rhode Island have them?

THE NEED OF LEGAL ADVICE FOR THE MEDICAL PROFESSION.

When the opticians decide that they desire the seal of the state's approval on their claims that their merchandising has attained to the dignity of a science, they employ a lawyer—or a covey of them—to eloquently and successfully press their claim before the Legislature. When the osteopaths feel that their claim to cure disease should be fostered by state control of their activities, able legal talent is called to their aid to establish their own State Board of Examiners, and when, in turn the chiropractors, observing the rich prizes to be had from a gullible public, seek recognition, their serried ranks and those of the osteopaths are led and manouvered by lawyers who know what their clients want and what they do not want—and they sooner or later attain their ends. But when the medical profession sees in proposed legislation, safeguards of the public health placed in jeopardy or their own interests threatened, nothing so clever, nothing so patently desirable is done. On the contrary, a few well-intentioned, but often inarticulate physicians, appear before a committee of the Legislature to voice their protests against the proposed legislation. What the medical profession should do—and specifically the Rhode Island Medical Society—is to engage and pay for the services of a bright, clever lawyer, trained not only in the legal intricacies of his profession which are always so baffling to the layman but also in touch with and interested in legislative happenings. He should be charged with the duties of closely scrutinizing all proposed legislation which may in any way affect the medical profession or the public health, to bring such matters promptly to the attention of

the officers of the Society, to explain intents, meanings and effects of the bills and to advise and actively direct the support or opposition of the medical profession in the matter. With such an arrangement, the opinions of the medical profession would be given the consideration they deserve at the hands of the legislators, and, being forewarned, it would not be necessary to call hurried committee meetings in the panic of approaching adverse legislation, but on the contrary the hearings would find the doctors ready with arguments presented in orderly sequence and with some cohesion of thought and purpose. What is more important than anything else, the aims of the medical profession would be more nearly attained by the employment of counsel than by clinging to the hap-hazard methods of the present.

IMPENDING MEDICAL LEGISLATION.

The local profession has recently been treated to some plain facts concerning the working of some of our laws which affect the medical man, notably the Workmen's Compensation Act, and some proposed amendments to this bill now before the General Assembly. If the entire profession can be aroused to the proper pitch, no legislation which is unfair to the working man, to the employer and to the physician, can ever be passed in this or in any other state.

We are living in an age of law making, an age when many a member of our legislature reckons his value by number of bills he can introduce at any one session. Laws are passed, Commissions created, and Boards established without regard to the increasing tax rate on an already sorely oppressed people. The time is past when we can sit content and watch the Assembly pass bills without protest or even interest on our part. We must be vigilant in keeping an eye on bills introduced which affect our profession, and we must stimulate our Committee on Legislation to keen watchfulness.

There are three bills of momentous interest to the medical public which are engaging the interest of the profession in other states, and which may be expected to appear in our legislative program at any time. They are Compulsory Health Insurance, The Maternity Bill and Old Age In-

surance. These bills all possess admirable and altruistic features and have been unthinkingly endorsed by many well meaning and intelligent people. The medical profession will oppose them,—not from motives of self-interest,—but because they will react unfavorably on the people as a whole, principally in the loss of self-respect, independence and personal privilege. Another reason for opposition is the enormous increase in taxation which will inevitably follow the passage of one or all of these bills. It is not necessary to discuss the features of the bills,—they are thoroughly covered in the medical journals which come to our desk every week. Let this be simply another incentive to oppose vicious legislation in whatever disguise it is introduced before our legislative bodies.

GEORGE DALLAS HERSEY, M. D.*

IN MEMORIAM.

By WILLIAM R. WHITE, M. D.,

If one giveth to another, of his possessions, of his knowledge, his toil or helpful advice, shall he not by the recipient, be held in grateful honor and remembrance? And shall not the one benefited render service in return according to circumstance and ability?

Verily, for such is the beneficent law of mutual responsiveness underlying human associations, of individual, family, society, civilized communities everywhere.

Thinking thus and believing that we, the Rhode Island Medical Society had too long left undone something that we ought to have done, I, at the December meeting of our Council, introduced a resolution providing that a committee be authorized to procure a tablet in memory of Dr. George D. Hersey, also a picture of him, both to be hung within this building.

I also assumed the privilege of naming the committee as follows: Dr. Jesse E. Mowry, our honored President, whose middle name might well be "Efficiency," who having aught to do proceeds to do it promptly and well; Dr. John M. Peters who I knew heartily approved of the measure involved and whose taste and judgment and conservatism were beyond question;

* Read before the quarterly meeting of the Rhode Island Medical Society, March 3, 1921.

Dr. Charles H. Leonard for many years neighbor and close friend of Dr. Hersey, also for several years his co-worker and the one of us best acquainted with his family; Dr. George S. Mathews, familiar with Dr. Hersey's work and the present custodian of the library building.

The resolution was unanimously adopted, as it was again by the House of Delegates.

How well that committee has done its work was made evident to all who saw, on entering the building to-day, the tablet and picture above and beside the entrance of the library proper.

The tablet is plain, durable, attractive to the eye. Its inscription is brief but explicit—telling of Dr. Hersey's 42 years Fellowship and 32 years of service as librarian, also these Latin words—"Si Monumentum Requirit, Circumspice" copied from an epitaph in St. Paul's Cathedral, London.

A liberal translation would be, "If you would see his monument look around you." The picture is the best obtainable and recalls the man many of us knew.

Personally and in behalf of the Rhode Island Medical Society, I now accept those two silent, but expressive tributes to the sincere and efficient efforts of the committee and thank them earnestly for the same.

Now just why has all this been done?

The name of Dr. Hersey has been added to a long list of decedent Fellows of the Society, who in turn, and in various ways contributed to its honor, dignity and welfare, and whose memory is cherished to-day.

It was, therefore, on account of the different and signal service and benefit rendered by Dr. Hersey that the recent action was justified.

We may well regret that we are so late in doing it, and that it was not done during the doctor's lifetime, thereby adding to his happiness. I know that the matter had often been discussed with approval by his friends in the Society with full belief in the justice and merits of such recognition.

The only reason why no action was taken was that we were many, and each waited for another to act.

I had heard many expressions from different Fellows and wish now to say that the one who seemed to feel most deeply interested and desir-

ous of having something done was our lamented, great hearted Dr. Herbert Terry.

I felt very sure of cordial support when I decided to act and am now grateful for the privilege of telling some of my incentives for so doing.

In the 1920 February issue of the RHODE ISLAND MEDICAL JOURNAL there was published a carefully written and comprehensive memorial on the life and work of Dr. Hersey. Again in the 1920 June issue of the *Bulletin* of our State Board of Health there appeared an interesting article by the present librarian, on the development of the library, from which I quote as follows: "The first library committee was chosen in 1879 in June. Dr. Walter E. Anthony was made librarian, but soon resigned and Dr. Hersey was chosen for the office in 1880. From that time until illness prevented in 1911, he worked incessantly for the upbuilding of the library." From 1900 to 1912 the library was located in the Providence Public Library Building and during those years its growth under Dr. Hersey's enthusiastic efforts was steady and surprising. From 1879 to 1896, for instance, the average annual increase was 695 volumes—and on June 1, 1911, at the laying of the cornerstone of this building, President Frank L. Day remarked that it was Dr. Hersey's intelligent efficiency and increasing industry and loyalty that resulted in the building up of the library by increments of 500 to 1500 volumes annually, until to-day there are fully 25,000 volumes, a number second to that of any one state medical library.

The records show that, year by year, by far the greatest number of added volumes came by gifts, many of which were obtained by Dr. Hersey's personal solicitation and in a way that never gave offense to the living donor or to the survivors of deceased physicians or others.

Many who hear me now, knew Dr. Hersey and his work in our behalf, but many others, younger, know him only by name and it is now my pleasure to tell them something of his personality and methods.

Dr. Hersey was a man of decided literary tastes and accomplishments. He truly loved books, loved to collect them, to catalogue them and to glean choice passages from them for his own and other's enjoyment.

When he became librarian he surely made the upbuilding of the library one of his chief interests in life and gave to that work constantly of his time and strength and intelligence.

But though a book lover, he was by no means a man of one idea. As a citizen, physician, friend he was genial, kind and generous. He was a skillful, conservative surgeon. Once the writer, beginning a medical service at the Rhode Island Hospital found in one room two men who had been at death's door from perforating typhoid ulcers. Both had been operated on by Dr. Hersey and were on the way to recovery.

Still his interest and zeal in his library work were ever paramount.

During my seven years of service as secretary of the Society, it was my privilege to see much of him and to work with him more or less in the publication of the "*Transactions of the Society*." Often I would go to his office after eight in the evening and always found him surrounded by books, gifts from one or another source, all for the library. It was his delight to tell me about them and read to me selected choice paragraphs. It was a familiar sight frequently, to see him in his buggy on his way to the library with volumes or pamphlets piled on the seat beside him.

He received a great many books and naturally many duplicates, some of which he exchanged with librarians in other states.

When his professional friends were starting on vacation journeys, his last word would be a request that they call on doctors, especially venerable ones, and learn of some rare and interesting book for his library.

Thus he worked for us up to January, 1913, when he was disabled by illness and removed to the Rhode Island Hospital. His mind was not affected and though confined in bed, his books were all about him and his talk chiefly of them.

Later he removed to South Carolina where he died in September, 1919.

During those last years he kept up his interest in our Society and worked diligently to the last, collecting data for a Historical Catalogue of the Fellows and Honorary Members of the Society from its founding in 1812.

In this work he corresponded regularly with Dr. Charles H. Leonard, sending him lists of names of past physicians, asking that they be

sought for in college catalogues and other possible lists and records. The two friends thus collaborating did a vast amount of work, the results of which were nearly ready for publication when Dr. Hersey died.

It will be a matter for regret if that valuable biographical material be not preserved in some accessible form because of its intrinsic interest, and likewise as a further tribute to those two sincere workers in our behalf.

Dr. Hersey was Secretary of the Society six years, its President two years and editor of its "*Transactions*" for thirty years. Did he not give much unto us, and shall we not hold him in grateful remembrance?

My fellow members, we all have reason to feel both pride and satisfaction in our ownership and occupancy of this building so admirably suited to our comfort and convenience, and I ask you to recall for a moment how we came to have it.

As *our* library increased, so the Public Library increased until we had a friendly, but emphatic notice to remove. Then came the imperative need of a permanent, convenient fire-proof home for our large and valuable library which proved to be the incentive to augment our modest building fund, purchase land and build. We did so and here we are. If our library had not inspired us, who shall say we would not still be holding our meetings in whatever halls we could hire for a day's use?

Had we not secured our building prior to 1914, we surely would not have it to-day.

So again if you require a monument to Dr. Hersey, look around you! True he gave not as from the wealth of a Carnegie, but he gave of his life and strength and knowledge.

We, few in number, his contemporaries, can well remember him, but it is right and becoming that yonder tablet serve to inform and remind you of middle age and, especially you younger members and also the succeeding generations for a century or more.

We have here a library of 26,000 volumes, a large collection of current periodicals of the highest excellence all under the care of Miss Grace E. Dickerman, whose willingness to oblige and assist is only equalled by her efficiency and comprehensive knowledge of all that pertains to her position as librarian. If one here has not bene-

fited by her aid in medico-literary work or reference research the loss is his own.

If again the resources and facilities of our building are not made helpful to our membership to the extent they ought to be, the more is the pity. The opportunity is yours. Look back with me to May, 1909, when the committee on the library reported that during the last year there were 1,296 visitors to the library, all users of books.

Beyond a doubt the placing of this memorial tablet in honor and grateful remembrance of Dr. George Dallas Hersey and his service in our behalf, will be pleasing both to his friends in our profession and also to very many of his former friends and patients as they get to know of it, and perhaps to see it.

Let us hope the surviving members of his family may see it and appreciate our action.

Could we do more than we have done? Yes, we could make "The Hersey Library of the Rhode Island Medical Society" its official name, and so designate it by a modest name-plate upon the stock room door.

How many libraries in this country bear the name of one who did most to upbuild them, working for them as Dr. Hersey did and as Dr. James Chadwick did for that wonderful medical library in Boston?

In closing, I ask you all to feel that we have simply done the right, just and becoming thing, in thus placing a silent, but still a speaking witness to our appreciation and gratitude, doing it in memory of one who did so much during so many years for our Society.

Of Him it may be said:

"Mankind his life a lesson taught
By diligence with which he wrought
For us this heartfelt prayer is best,
"God give our benefactor rest."

SOCIETY MEETINGS

PROVIDENCE MEDICAL ASSOCIATION.

The regular monthly meeting of the Providence Medical Association was called to order by President F. T. Fulton at 8:55 p. m. on February 7, 1921, in the Rhode Island Medical Library.

The records of the previous meeting were read and approved.

There were no communications.

Dr. Henry C. Hall read a memorial to Dr. William John McCaw, which was accepted by a rising vote, and it was moved and approved that a copy be sent to Mrs. McCaw and one copy placed on file in the archives of the Association.

The President announced the appointment of the following committees:

Collation: Dr. Nat. H. Gifford, Dr. William P. Buffum.

Publicity: Dr. M. B. Milan, Dr. W. O. Rice, Dr. F. V. Hussey.

There being no further business Dr. Robert B. Greenough of Boston gave an address on "The Modern Use of Radium," which was a careful, straight-forward statement of the different effects of radium on living tissue, the manner of using it, and the present view of its value in the treatment of cancer and other neoplastic conditions in the human body.

In the discussion Dr. Isaac Gerber agreed with Dr. Greenough's views and approved of its use in some conditions not dwelt upon by Dr. Greenough. Dr. Carl D. Sawyer discussed its use in skin conditions. Dr. James Hamilton sounded a note of warning against undue optimism in its use. The discussion was closed by Dr. Greenough.

The meeting adjourned at 10:40 p. m.

Attendance: One hundred and five members and two guests.

Collation was served.

Respectfully submitted,
PETER PINEO CHASE, *Secretary*.

WASHINGTON COUNTY MEDICAL SOCIETY.

The Annual Meeting of the Washington County Medical Society was held at the Colonial Club, Westerly, Thursday morning, January 13, 1921.

Records of last meeting were read and approved.

A note of appreciation was received from Mrs. Mary P. Gardiner, widow of Dr. Henry K. Gardiner, for the Resolutions adopted by this Society at its last meeting.

Dr. Champlin of the Hospital Committee reported progress and spoke of the recent action of the Westerly Board of Trade in appointing a committee of fifteen to consider this matter.

In view of the fact that two of our members who were in the service have received practically nothing under the agreement of April 12, 1917, it was voted to send another letter to each member stating conditions and asking for an explanation from those who had not settled.

A letter from Arthur MacDonald, of Washington, D. C., asking our support to his application for Directorship of the Census Bureau, was received and by vote laid on the table.

The Treasurer reported the finances in a healthy condition with all bills paid and all dues collected but six dollars.

Officers for the ensuing year were elected as follows:

President: P. J. Manning, Wickford.

1st Vice President: A. S. Briggs, Ashaway.

2nd Vice President: J. E. Ruisi, Westerly.

Secretary: W. A. Hillard, Westerly.

Treasurer: W. A. Hillard, Westerly.

Auditor: S. C. Webster, Westerly.

Censor for three years: R. R. Robinson, Wakefield.

One new application for membership was received and referred to the Board of Censors for investigation.

Dr. P. E. Truesdale, of Fall River, Mass., addressed the meeting on "Diseases of the Gall Bladder," which elicited much discussion.

Adjourned and dined.

At a meeting of the Washington County Medical Society held April 12, 1917, the following Resolution was adopted:

"Resolved, That should any member of the Washington County Medical Society be obliged to leave his practice for any war service, that the members remaining at home shall carry on his practice, and return to his family fifty per cent. of the cash proceeds of the same, and on his return, shall not attend any of his patients for a period of six months without his consent."

It has been made known to the Society that this vote has not been complied with by some of the members. The matter was talked over in detail at the Annual Meeting held January 13, 1921, and it was voted that this Resolution of April 12, 1917, be again drawn to the attention of each member.

A physician in your locality WAS in the service.

Did you do any work that he would probably have done had he not been in the Government Service? If you did, and have not given him half, you owe it to him and you should arrange that he is reimbursed, or, in justice to yourself and the Society, let us know why not.

Respectfully,

W. A. HILLARD, M. D., *Secretary*.

WOONSOCKET DISTRICT MEDICAL SOCIETY.

The Woonsocket District Medical Society met at the St. James Hotel (small dining room), Thursday, February 17, 1921, at 4:30 p. m.

Dr. Jacob S. Kelley addressed the Society on "Some Important Fractures Frequently Overlooked."

THOMAS F. BAXTER, *Secretary*.

RHODE ISLAND OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

The regular bi-monthly meeting of the Rhode Island Ophthalmological and Otological Society was held at the Rhode Island Medical Library on February 10, 1921, at 9 o'clock.

The papers of the evening were, "Recent Articles on Refraction," by Dr. George W. Van Benschoten and "The X-Ray in the Diagnosis of Acute Mastoiditis," by Dr. F. Nolton Bigelow. An exhibit of X-Ray plates, by Dr. Isaac Gerber, supplemented Dr. Bigelow's paper. The papers and the exhibit of X-Ray plates were thoroughly enjoyed and discussed by all present.

Meeting adjourned at 11:30 o'clock.

J. L. DOWLING, M. D., *Secretary*.

HOSPITALS

RHODE ISLAND HOSPITAL SURGICAL STAFF.

The regular monthly meeting of the Surgical Staff was held at the University Club, Wednesday, March 2, 1921, and was preceded by an enjoyable dinner at which Dr. Cutts and Dr. Hollingworth of the Consulting Staff were guests.

The regular monthly meeting of the Gynecological Staff was held at the hospital March 2, at which time work of the previous month was discussed.

Dr. Bahnson Weathers has resigned from the Interne Staff to assume the responsibility of the practice of his brother, who is taking a post graduate course in Europe.

Dr. Edward G. Melvin of Providence has been appointed to fill the vacancy made by the resignation of Dr. Weathers.

Dr. Deering G. Smith has completed his internship at the Rhode Island Hospital and will start an internship at the Providence City Hospital April 1.

Dr. Norman C. Bender will complete his service as interne at the Rhode Island Hospital April 1, and intends to do some special work with Dr. Schloss at the New York Nursery & Child's Hospital.

Dr. George V. Coleman will complete his internship at the hospital April 1, and will take a service at the Providence Lying-in Hospital.

Dr. Henry S. Joyce of Ipswich, Mass. and Dr. Gilbert A. Gaylor of Cambridge, Mass. will start regular two-year internships at the Rhode Island Hospital, April 1.

Parthenia Foster, a graduate of Cincinnati University and Cincinnati Hospital, has been appointed second Assistant Superintendent of Nurses at the Rhode Island Hospital.

Respectfully,

NORMAN C. BAKER, M. D., *Sec. Staff Ass'n.*

PROVIDENCE CITY HOSPITAL.

The visiting physicians met at the City Hospital on January 18, 1921, and formerly established a staff organization. This was in response to a request of the Board of Hospital Commissioners. The hospital has had a consulting staff from its inception, but with the development of the out-patient service, the visiting staff has been growing until there now is 33 members.

It is perhaps well to explain that none but contagious patients can be admitted to the hospital, but all kinds of disease can be treated in the out-patient department. Last year 25,000 visits were made to this department.

The meeting of the staff was called by the Superintendent at the request of the Board of

Hospital Commissioners. After the adoption of the by-laws and a discussion of the aims of the association, the following officers were elected:

President—Nat H. Gifford, M. D.

Vice-President—Pearl Williams, M. D.

Secretary—Harmon P. B. Jordan, M. D.

The executive committee consists of the heads of the various departments, the officers of the Association and the Superintendent.

The following men belong to the Visiting Staff:

Jay Perkins, M. D., Pearl Williams, M. D., Alex M. Burgess, M. D., Michael J. Nestor, M. D., Prescott T. Hill, M. D., Henry J. Gallagher, M. D., Carl D. Sawyer, M. D., Nat H. Gifford, M. D., Raymond G. Bugbee, M. D., Frederic J. Farnell, M. D., Hilary J. Connor, M. D., Bertram H. Buxton, M. D., James A. McCann, M. D., John G. Walsh, M. D., James W. Leech, M. D., Henry E. Utter, M. D., William P. Buffum, M. D., George T. Spicer, M. D., Harold G. Calder, M. D., John T. Monahan, M. D., Edward A. McLaughlin, M. D., Elihu S. Wing, M. D., Paul C. Cook, M. D., F. Nolton Bigelow, M. D., John J. Gilbert, M. D., William C. McLaughlin, M. D., Frank M. Adams, M. D., William C. Muncy, M. D., Walter C. Robertson, D. M. D., Ira Noyes, M. D., Anthony Corvese, M. D., Eric P. Stone, M. D., Professor Frederic P. Gorham.

Dr. Robert M. Lord finished his service on January 1, 1921 and began immediate service at the Children's Hospital in Boston, Mass. Dr. John H. Brothers finished a seven months' appointment January 1, 1921 and began a service at the Rhode Island Hospital. Dr. Adelman finished a six months' service on March 1, 1921 and has gone to the Children's Hospital, Boston, Mass.

ST. JOSEPH'S HOSPITAL.

Regular Conference of the Staff, Friday, March 11, at 9 p. m. Out Patient Building, Plenty Street.

GEORGE F. JOHNSON, *Secretary.*

NOTICE

Through the courtesy of a reliable authority we learn of a resolution passed by the Town Council of New Shoreham, asking assistance in securing a resident physician for that town. If our information is correct, there were three physicians there previous to the war, and report says that all did well. With a resident population of twelve hundred, very largely augmented during the summer months, one or two drug stores and practically no competition, it would seem well worth the while of some physician who is not already firmly established, to give this opportunity his consideration.

HEALTH NUGGETS

Little coughs often lead to large coffins.

The race is not to the swift but to the healthy. Keep fit.

"Are we like sheep!" The U. S. Public Health Service has just bought 2,500 sheepskin coats for the tuberculous patients in its hospitals so that they may be able to sit out in the air and the sun this winter. It's the fresh air that counts.

The perambulating dental clinics of the U. S. Public Health Service have proved that poor health makes poor chewing; and that poor chewing makes undernourishment and poor health. Particularly it urges that the "six year molars" of children should be watched. These are not the last of the first teeth, but the first of the last; and once gone they can never be replaced.

This is the diphtheria season. Records of the U. S. Public Health Service show that 16 states reported over 5,000 cases in October and more in November. Don't worry about the "flu" this winter; it is unlikely to return. Worry about diphtheria; worry enough, anyway, to have your doctor determine by a simple test whether you and your children are immune. If they are not, protect them by the new method of immunization.

Investigations by the U. S. Public Health Service show that practically all bottle-fed babies thrive as well on powdered milk as they do on natural cow's milk; and that some who do not thrive on the cow's natural milk, do finely on the powdered. The national commission on milk standards urges health and food-control officials to encourage and not to hamper the dried milk industry.

"In so-called 'hot jobs' in industrial plants, where high temperatures are essential," says Surgeon General Cumming, of the U. S. Public Health Service, "the heat can be greatly diminished by water-jacketing boilers, insulating blast furnaces, with double walls of fire brick, and kindred devices. Where the actual temperatures in the plant cannot be much reduced great relief can be given by big electric fans. Radiant heat, which hurts the eyes, can be largely obviated by screens of wire mesh or of loosely hanging chains, through which the workmen can pass when they must approach the furnace. Goggles, wire-mesh face masks, asbestos aprons, cork or asbestos-soled shoes all help considerably. Easily accessible drinking water, never colder than 55 F., is absolutely essential to health."

Within the last year the danger to railway travelers of infection from typhoid fever, dysentery, and other water-borne diseases has been reduced to a minimum in most parts of the country through the co-operation of the U. S. Public Health Service with the different state boards of health. Nearly all supplies used on trains for drinking or cooking have been tested by service engineers and found to be safe, and will be re-inspected periodically.

In the last six weeks nine hospitals for soldier patients have been opened by the U. S. Public Health Service. Of these, four are fine buildings that have been leased from their owners. The others are army hospitals, built hurriedly during the war, that have been taken over and put into as good condition as possible. The demands on the service for accommodation are too great to permit even these flimsy wooden war structures to be refused.

The flea, louse, mosquito, and fly have all been convicted of transmitting disease; and the bed bug has been accused. The U. S. Public Health Service, however, finds that he is probably innocent. If he ever does transmit disease, he does so by carrying the germs on his mouth and not in his blood; and he can do this effectively only under especially filthy conditions, which would call for drastic methods to exterminate all vermin.

All industrial plants are more or less dusty. But how dusty is the air in any particular plant? The degree of its dustiness is important, for certain forms of air dustiness create in the workers a predisposition to tuberculosis and other diseases. Dr. O. M. Spencer, of the U. S. Public Health Service, shows in a recent report that neither exhaust pipes nor wet processes in grinding and polishing prove that the dustiness in an industrial plant is satisfactorily controlled. Many exhaust pipes do not exhaust, and wet processes may create far more dust than dry ones. Only actual dust counts made at the working level show the actual dustiness; and these should be made periodically.

Has the removal or cure of remediable defects in school children had the great beneficial effects that were expected? Nobody knows, for both time and follow-up methods have been lacking. Now, however, the U. S. Public Health Service is making arrangements to have such children in all parts of the country followed up for some years to learn how greatly they actually have profited by the help given them. It will welcome additional information along these lines from all sources.